

Housing Authority of McDonough County
Public Housing Initial Application

Head of Household (Legal Name): _____
Last First M.I

Mailing Address: _____
Street Apt. # City State Zip

_____ Home Phone # Cell Phone # Email Address

Social Security Number: _____ DOB: ____/____/____ Sex M F

Race: White Black/African American American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander

Ethnicity: Hispanic Non-Hispanic Are you a US Citizen? Yes No

Are you interested in a particular location:
 Eisenhower Tower, Macomb Prairieview Homes, Macomb
 Greenbrier Apartments, Bushnell Fitch Manor, elderly/disabled, Bushnell

Do you require any modifications or accommodations to fully utilize the unit or the program and its services?
 Yes No
 Type of accommodation needed _____

What is the combined annual income from all sources (wages, unemployment, cash assistance, child support, Social Security, etc.) for all members of your household: \$ _____

Household members: List the legal names of all other persons who will be living with you:

| No. | Legal Name | Sex M/F | Relationship To You | Social Security Number | Date of Birth |
|-----|------------|------------|------------------------|---------------------------|------------------|
| 1 | | | | | |
| 2 | | | | | |
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| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

Have you or anyone in your household been evicted from Public or Assisted Housing for drug related activity within the last 3 years? Yes No If Yes, please describe _____



Have you or anyone in your household ever been required to register as a sex offender? Yes No

If Yes, please describe _____

Do you have an outstanding debt owed to any Housing Authority? Yes No

If Yes, where: _____

Do you claim any of the following Local Preferences? Check the preference(s) you are claiming; claim as many as apply to your situation.

1. **Residing in substandard housing;** Requires letter from local government authority;
2. **Victim of Domestic Violence;** HUD Form 5382 or letter from counselor, doctor or healthcare professional;
3. **Resident of McDonough County;** Requires copy of current bill or lease, or official mail;
4. **Resident who works in McDonough County at least 20 hours per week;** Requires copy of current pay stub, **OR Person age 62 or older;** Requires photo ID; **OR Person with disability;** Requires Social Security award letter;
5. **Current United States serviceperson or an honorably discharged veteran;** Requires DD-214 form.

NOTICE: It is your responsibility to *contact this office if your address changes, if circumstances change, or your preferences change* so adjustments may be made to your application.

CERTIFY: I understand that *all false statements or information, as well as knowingly and purposefully omitting information are grounds for denial of housing assistance.*

Head of Household Signature: _____ Date: _____

FOR HOUSING AUTHORITY USE ONLY:

Application received by: _____ Date: _____ Time: _____

NOTE: Your application cannot be processed without the following:

- ✓ **Copy of driver's license of state photo ID**
- ✓ **Proof of any preferences as noted on the application**
 - **Resides in substandard housing**
 - **Victim of domestic violence**
 - **Resides in McDonough County**
 - **Works in McDonough County at least 20 hours/week OR age 62 or older OR has a disability**
 - **Current United States serviceperson, or an honorably discharged veteran**

Housing Authority of McDonough County
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